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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: BOYD et al. Docket: 372545-01201 (336919)
Serial No. 09/638,457 Examiner: Myhre, James W
Filed: August 14, 2000 Art Unit: 3622
For: OFFLINE-ONLINE INCENTIVE POINTS SYSTEM AND METHOD

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
AUG 27 2004
GROUP 3600

AMENDMENT TRANSMITTAL

- ☒ Transmitted herewith are the following documents for the above-referenced application:
- ☒ 21 Page Amendment and Response to Office Action Under 37 CFR 1.111
 - ☒ Supplemental Information Disclosure Statement; and
 - ☒ Form PTO-1449 with copies of cited references.

STATUS

- ☒ Applicant is a large entity

EXTENSION OF TIME

- ☐ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/>	two months	\$ 420.00	\$210.00
<input type="checkbox"/>	three months	\$ 950.00	\$475.00
<input type="checkbox"/>	four months	\$1,480.00	\$740.00

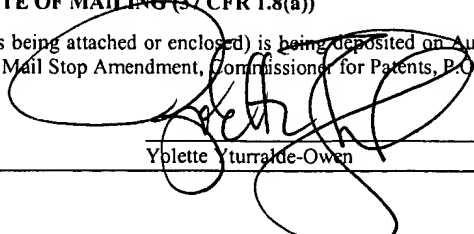
Fee \$0.00

- ☒ Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on August 17, 2004, with the U.S. Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450.

Date: August 17, 2004


Yvette Yturralde-Owen

FEE FOR CLAIMS

☐ The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY	OR	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra		Rate	Addit. Fee	Rate	Addit. Fee
Total *	34	Minus *0*	55	=	0	x9=	\$0	x18=	\$0
Indep. *	5	Minus *0*	6	=	0	x43=	\$0	x86=	\$0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+130=	\$	x260=	\$0
						TOTAL ADDIT.FEE	\$0	OR	TOTAL ADDIT. FEE
									\$0

- ☒ No additional fee for claims required.
☐ Total additional fee for claims required \$0.00.

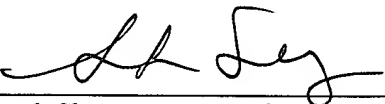
FEE PAYMENT

- ☐ Attached is a check in the sum of \$_____ for _____ fee.
☐ Charge Account No. 50-2778 the sum of \$0.00 for additional claims fee.

FEE DEFICIENCY

- ☐ In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2778. A duplicate of this authorization is enclosed for that purpose.
- ☒ Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Date: August 17, 2004


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